U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, at civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 22046 | 2. Fiscal Year Covered From: | | |
|---|--|--|--|
| | 1 / 1 / 2004 Through: 12 / 31 / 2004. | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | |
| Name A. Robert Losiewicz | Name UBC Local Union 214 | | |
| | Labor Organization File Number 543-035 | | |
| P.O. Box, Bidg., Room No., if any | P.O. Box, Building and Room Number, if any Suite 200 | | |
| Street 283 W. Main St. | Street 1718 Heilmandale Rd. | | |
| City Fredericksburg | City Lebanon | | |
| State PA , ZIP Ccde + 4 17026-9486 | State PA ZIP Code + 4 17046-1442 | | |
| 5. Position in labor organization. President | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trads rates if any). 7.a. Nature of Interest, Transaction, or Income. | | | |
| monetary value from an employer whose employees your organization represents or is activaly seeking to represent. | | | |
| 6. Name and address of Employer (including trade rame, if any). | r.a. Nature of interest, fransaction, of income. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. | | |
| Street | 7.0. Amount. | | |
| | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| Signature | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.) | | | |
| Signed To Delivery | On OS/11/0 717-865-6089 Date Telephone Number | | |

| Name of Person Filing A. Robert Losiewicz | Lie iadupei o- | | |
|---|--|---------|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | |
| 8. Name and address of Business (including trace name, if any). Name Keystone Carpenters Pension Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 524 S 22nd St City Harrisburg State PA ZIP Code + 4 17104 | 9. Business deals with: X a. Labor Organization b. Trust c. Employer | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 4 quarterly trustee luncheon 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. | \$73.00 | |
| | 12.b. Amount. | | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including Itade name, If any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Stata ZIP Code + 4 | or parts A and B above) or other thing of value. 14.a. Nature of payment. | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | |